

OCCURRENCE DATE(S)				DATE REPORTED		SANTA FE POLICE DEPARTMENT HOT SHEET				ORI NO. NM0260100		INCIDENT NO. 15-011213		STN# 02		PRIMAR YES																
ON OR BETWEEN										GEOGR. CODE 01075		CASE NUMBER 15-011213		BURGLAR FORCE NO F. <input type="checkbox"/> <input checked="" type="checkbox"/>		NO. OF UNITS ENT. <input type="checkbox"/>																
MM/DD/YY 08/01/2015		MM/DD/YY 08/01/2015		MM/DD/YY 08/02/2015		AGENCY SANTA FE PD																										
TIME 22:00		DAY OF WEEK SAT		TIME 22:30		DAY OF WEEK SAT		TIME 02:43		DAY OF WEEK SUN		ADDRESS / LOCATION OF INCIDENT 2395 CAMINO CAPITAN				CITY SANTA FE		CTY. 01		ZIP 87507		GANG REL. YES NO <input type="checkbox"/> <input checked="" type="checkbox"/>		HATE / BIAS MOT. CODE <input type="checkbox"/>								
OFFENSE	OFFENSE / INCIDENT						STATUTE OR ORDINANCE		FEL. MISD.		ATTEMPTED/ COMPLETED		UCR OFFENSE CODE		DOM. VIOL.		SEX CRIME?		CHILD		CRIMINAL ACTIVITY CODE		LOCAT. CODE		WEAPON CODE UP TO 3 PER OFFENSE		OFFENDER(S) SUSPECTED OF USING					
	1 DOCUMENTED INFORMATION						SFPD-11		N		C		90Z		NO		NO		NO				18		01		UNK		UNK		NO	
SUBJECTS (VICTIMS / SUSPECTS / PERSONS / BUSINESSES)	PERSON CODES G-PARENT/GUARDIAN R-REPORTING PERSON I-INTERVIEWED		V-VICTIM C-CITED S-SUSPECT A-ARRESTED		W-WITNESS D-DECEASED M-MISSING PERSON/ R-RUNAWAY		O-OTHER		TYPE CODES I-INDIVIDUAL B-BUSINESS F-FINANCIAL INST.		P-POLICE G-GOVERNMENT R-RELIGIOUS S-SOCIETY/PUB		O-OTHER U-UNKNOWN		INJURY CODES B-APPARENT BROKEN BONE I-POSSIBLE INTERNAL INJURY L-SEVERE LACERATION		M-APPARENT MINOR INJURY O-OTHER MAJOR INJURY T-LOSS OF TEETH		U-UNCONSCIOUSNESS N-NONE		ETHNIC CODES B-BLACK H-HISPANIC/MEXICAN J-JAPANESE A-AMERICAN INDIAN/NATIVE AMERICAN		A-ASIAN/ORIENTAL C-CHINESE J-JAPANESE O-OTHER U-UNKNOWN									
	PERSON N CODE R		TYPE CODE I		INJURY CODE N		1-NAME (LAST, FIRST, MIDDLE, SUFFIX) CASTILLOS JAMES																									
	STREET ADDRESS 2395 CAMINO CAPITAN						APT. NO.		CITY SANTA FE						CTY. 01		STATE NM		ZIP 87507													
	RES. PHONE (505) 469-8072				BUS. PHONE				SOCIAL SECURITY NO.				DOB		AGE		SEX M		RACE WHT BLK ASIA IND UNK													
	HEIGHT 6' 04"		WEIGHT 210 LBS		HAIR BRO		EYES BRO		ETHNIC		AGG. ASSAULT JUST. HOM. CODE		VICTIM OF OFF. NO.		VICTIM OF SUSP. NO		REL.		VICTIM OF SUSP. NO		REL.		VICTIM OF SUSP. NO		REL.							
	PERSON N CODE		TYPE CODE		INJURY CODE		1-NAME (LAST, FIRST, MIDDLE, SUFFIX)																									
	STREET ADDRESS						APT. NO.		CITY						CTY.		STATE		ZIP													
	RES. PHONE				BUS. PHONE				SOCIAL SECURITY NO.				DOB		AGE		SEX		RACE WHT BLK ASIA IND UNK													
	HEIGHT		WEIGHT		HAIR		EYES		ETHNIC		AGG. ASSAULT JUST. HOM. CODE		VICTIM OF OFF. NO.		VICTIM OF SUSP. NO		REL.		VICTIM OF SUSP. NO		REL.		VICTIM OF SUSP. NO		REL.							
	PROPERTY STATUS		PROPERTY TYPE		TYPE OF ITEM				MAKE / BRAND				MODEL				CALIBER		VALUE		DRUG VALUE											
	SUSPECTED DRUG TYPE		QUANTITY		UNIT OF MS.		DESCRIPTION (COLOR, SIZE, FEATURES, ETC.)						SERIAL / OAN				DATE RECOVERED		N.I.C. NO.													
	PROPERTY STATUS		PROPERTY TYPE		TYPE OF ITEM				MAKE / BRAND				MODEL				CALIBER		VALUE		DRUG VALUE											
	SUSPECTED DRUG TYPE		QUANTITY		UNIT OF MS.		DESCRIPTION (COLOR, SIZE, FEATURES, ETC.)						SERIAL / OAN				DATE RECOVERED		N.I.C. NO.													
	YEAR		MAKE				MODEL				BODY STYLE				LICENSE NO.		LIC. YEAR		LIC. ST.		TOP COLOR		BTM. COLOR									
	VALUE / DAMAGE EST.																															
SYNOPSIS	ON AUGUST 1ST AT 2395 CAMINO CAPITAN THE ABOVE LISTED SUBJECT OBSERVED A SUSPICIOUS MALE AT THE LOCATION.																															
CERT./STATUS	"I WILL PROSECUTE/TESTIFY SHOULD THE OFFENDER BE ARRESTED."		YES <input type="checkbox"/> NO <input type="checkbox"/>		"I UNDERSTAND IT IS A CRIMINAL OFFENSE TO FILE A FALSE REPORT TO POLICE."		COMPLAINANT / VICTIM CERTIFICATION SIGNATURE		X		DATE 08/02/2015																					
	REPORTING OFFICER (PRINT) ALANIZ, MAXIM						RANK PO I		I.D. NO. 7195		DATE 08/02/2015		DETECTIVE/FOLLOW-UP OFFICER/ REFERRED TO						I.D. NO.		DATE											
	ASSISTING OFFICER (PRINT)						RANK		I.D. NO.		DATE		PROCESSED BY				DATE		DATA ENTRY PERSON				DATE									
	APPROVING OFFICER (PRINT)						RANK		I.D. NO.		DATE		INCIDENT STATUS ACTIVE <input type="checkbox"/> INACT. <input checked="" type="checkbox"/> CLOSED <input type="checkbox"/> U.F. <input type="checkbox"/> CLA. <input type="checkbox"/> CLE. <input type="checkbox"/>				EXCEPT CODE N		A-DEATH OF OFFENDER B-PROSECUTION DECLINED C-EXTRADITION DENIED D-VICTIM REF. TO COOPERATE E-JUVENILE, NO CUSTODY N-NOT APPLICABLE				DATE 08/02/2015									
	AGENCY OPTIONAL USE (DISTRIBUTION, OTHER OFFICERS, ETC.)						CASES CLEARED BY THIS ARREST CASE NO.				CASE NO.				CASE NO.																	

OCCURRENCE DATE(S)				DATE REPORTED		SANTA FE POLICE DEPARTMENT HOT SHEET				ORI NO. NM0260100		INCIDENT NO. 15-011215		STN# 01		PRIMAR YES															
ON OR BETWEEN										GEOGR. CODE 01075		CASE NUMBER 15-011215		BURGLAR FORCE NO F.		NO. OF UNITS ENT.															
MM/DD/YY 08/01/2015		MM/DD/YY 08/01/2015		MM/DD/YY 08/01/2015		AGENCY SANTA FE PD				GEOGR. CODE 01075		CASE NUMBER 15-011215		GANG REL. YES NO		HATE / BIAS MOT. CODE															
TIME 22:58		DAY OF WEEK SAT		TIME 22:58		DAY OF WEEK SAT		ADDRESS / LOCATION OF INCIDENT 3000 CERRILLOS RD				CITY SANTA FE		CTY. 01		ZIP 87507															
OFFENSE	OFFENSE / INCIDENT					STATUTE OR ORDINANCE		FEL. MISD.		ATTEMPTED/ COMPLETED		UCR OFFENSE CODE		DOM. VIOL.		SEX CRIME?		CHILD		CRIMINAL ACTIVITY CODE		LOCAT. CODE		WEAPON CODE UP TO 3 PER OFFENSE		OFFENDER(S) SUSPECTED OF USING					
	1 WARRANT SERVICE					SFPD-03		M		C		09A		NO		NO		NO				12		01		NO		NO		NO	
SUBJECTS (VICTIMS / SUSPECTS / PERSONS / BUSINESSES)	PERSON CODES G-PARENT/GUARDIAN R-REPORTING PERSON I-INTERVIEWED		V-VICTIM C-CITED S-SUSPECT A-ARRESTED		W-WITNESS D-DECEASED M-MISSING PERSON/ R-RUNAWAY		O-OTHER		TYPE CODES I-INDIVIDUAL B-BUSINESS F-FINANCIAL INST.		P-POLICE G-GOVERNMENT R-RELIGIOUS S-SOCIETY/PUB		O-OTHER U-UNKNOWN		INJURY CODES B-APPARENT BROKEN BONE I-POSSIBLE INTERNAL INJURY L-SEVERE LACERATION		M-APPARENT MINOR INJURY O-OTHER MAJOR INJURY T-LOSS OF TEETH		U-UNCONSCIOUSNESS N-NONE		ETHNIC CODES B-BLACK H-HISPANIC/MEXICAN J-JAPANESE A-AMERICAN INDIAN/NATIVE AMERICAN		A-ASIAN/ORIENTAL C-CHINESE J-JAPANESE O-OTHER U-UNKNOWN		W-WHITE O-OTHER U-UNKNOWN						
	PERSON N CODE A		TYPE CODE I		INJURY CODE N		1-NAME (LAST, FIRST, MIDDLE, SUFFIX) GONZALES CHRISTOPHER																								
	STREET ADDRESS 01 ENTRADA DE ROYBAL					APT. NO.		CITY SANTA FE					CTY. 01		STATE NM		ZIP 87535														
	RES. PHONE					BUS. PHONE					SOCIAL SECURITY NO.					DOB					AGE		SEX M		RACE WHT BLK ASIA IND UNK						
	HEIGHT 5' 05"		WEIGHT 120 LBS		HAIR BRO		EYES BRO		ETHNIC		AGG. ASSAULT JUST. HOM. CODE		VICTIM OF OFF. NO.		VICTIM OF SUSP. NO		REL.		VICTIM OF SUSP. NO		REL.		VICTIM OF SUSP. NO		REL.						
	PERSON N CODE		TYPE CODE		INJURY CODE		1-NAME (LAST, FIRST, MIDDLE, SUFFIX)																								
	STREET ADDRESS					APT. NO.		CITY					CTY.		STATE		ZIP														
	RES. PHONE					BUS. PHONE					SOCIAL SECURITY NO.					DOB					AGE		SEX		RACE WHT BLK ASIA IND UNK						
	HEIGHT		WEIGHT		HAIR		EYES		ETHNIC		AGG. ASSAULT JUST. HOM. CODE		VICTIM OF OFF. NO.		VICTIM OF SUSP. NO		REL.		VICTIM OF SUSP. NO		REL.		VICTIM OF SUSP. NO		REL.						
	PROPERTY STATUS		PROPERTY TYPE		TYPE OF ITEM				MAKE / BRAND				MODEL				CALIBER				VALUE		DRUG VALUE								
	SUSPECTED DRUG TYPE		QUANTITY		UNIT OF MS.		DESCRIPTION (COLOR, SIZE, FEATURES, ETC.)						SERIAL / OAN				DATE RECOVERED				N.I.C. NO.										
	PROPERTY STATUS		PROPERTY TYPE		TYPE OF ITEM				MAKE / BRAND				MODEL				CALIBER				VALUE		DRUG VALUE								
	SUSPECTED DRUG TYPE		QUANTITY		UNIT OF MS.		DESCRIPTION (COLOR, SIZE, FEATURES, ETC.)						SERIAL / OAN				DATE RECOVERED				N.I.C. NO.										
	YEAR		MAKE				MODEL				BODY STYLE				LICENSE NO.				LIC. YEAR		LIC. ST.		TOP COLOR		BTM. COLOR						
	VALUE / DAMAGE EST.																														
SYNOPSIS	ON ABOVE DATE UPON CONTACT WITH MR. CHRISTOPHER GONZALES IN REFERENCE TO TRESPASSING AT ALLSUP'S. I CONDUCTED AN INQUIRY AND LEARNED HE HAD A SANTA FE DISTRICT COURT BENCH WARRANT D-0101-DV-2015-00306 SIGNED BY JUDGE SYLVIA LAMAR. MR. GONZALES WAS TRANSPORTED TO ADC WHERE HE WAS CHARGED AND BOOKED ACCORDINGLY AND HELD ON A NO BOND. MR. GONZALES WAS NOT IN ANY CARE OF CHILDREN.																														
CERT./STATUS	"I WILL PROSECUTE/TESTIFY SHOULD THE OFFENDER BE ARRESTED."		YES		NO		"I UNDERSTAND IT IS A CRIMINAL OFFENSE TO FILE A FALSE REPORT TO POLICE."		COMPLAINANT / VICTIM CERTIFICATION SIGNATURE		X		DATE																		
	REPORTING OFFICER (PRINT) ALIRE, JARED						RANK PO I		I.D. NO. 7203		DATE 08/02/2015		DETECTIVE/FOLLOW-UP OFFICER/ REFERRED TO						I.D. NO.		DATE										
	ASSISTING OFFICER (PRINT)						RANK		I.D. NO.		DATE		PROCESSED BY				DATE		DATA ENTRY PERSON				DATE								
	APPROVING OFFICER (PRINT) ORTIZ, AARON						RANK SGT		I.D. NO. 5679		DATE 08/02/2015		INCIDENT STATUS ACTIVE INACT. CLOSED U.F. CLA. CL.E. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>				EXCEPT CODE N		A-DEATH OF OFFENDER B-PROSECUTION DECLINED C-EXTRADITION DENIED D-VICTIM REF. COOPERATE E-JUVENILE, NO CUSTODY N-NOT APPLICABLE				DATE 08/02/2015								
	AGENCY OPTIONAL USE (DISTRIBUTION, OTHER OFFICERS, ETC.)												CASES CLEARED BY THIS ARREST CASE NO.				CASE NO.				CASE NO.										

OCCURRENCE DATE(S) ON OR BETWEEN				DATE REPORTED		<b>SANTA FE POLICE DEPARTMENT HOT SHEET</b>				ORI NO. <b>NM0260100</b>		INCIDENT NO. <b>15-011240</b>		STN# <b>07</b>		PRIMAR <b>YES</b>									
MM/DD/YY <b>07/31/2015</b>		MM/DD/YY <b>08/02/2015</b>		MM/DD/YY <b>08/02/2015</b>						AGENCY <b>SANTA FE PD</b>				GEOGR. CODE <b>01075</b>		CASE NUMBER <b>15-011240</b>		BURGLAR FORCE <input checked="" type="checkbox"/> NO F. <input type="checkbox"/>		NO. OF UNITS ENT. <b>1</b>					
TIME <b>16:00</b>		DAY OF WEEK <b>FRID</b>		TIME <b>16:34</b>		DAY OF WEEK <b>SUN</b>		TIME <b>16:34</b>		DAY OF WEEK <b>SUN</b>		ADDRESS / LOCATION OF INCIDENT <b>822A CALLE TORREADOR</b>				CITY <b>SANTA FE</b>		CTY. <b>01</b>		ZIP <b>87505</b>		GANG REL. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		HATE / BIAS MOT. CODE	

  

OFFENSE	OFFENSE / INCIDENT			STATUTE OR ORDINANCE		FEL / MISD.		ATTEMPTED / COMPLETED		UCR OFFENSE CODE		DOM. VIOL.		SEX CRIME?		CHILD		CRIMINAL ACTIVITY CODE		LOCAT. CODE		WEAPON CODE UP TO 3 PER OFFENSE		OFFENDER(S) SUSPECTED OF USING		
	1 <b>BURGLARY</b>			<b>30-16-3</b>		<b>F</b>		<b>C</b>		<b>220</b>		<b>NO</b>		<b>NO</b>		<b>NO</b>				<b>20</b>		<b>95</b>		<b>UNK UNK UNK</b>		

  

PERSON CODES G-PARENT/GUARDIAN R-REPORTING PERSON INTERVIEWED				V-VICTIM C-CITED S-SUSPECT A-ARRESTED				W-WITNESS D-DECEASED M-MISSING PERSON/ RUNAWAY				O-OTHER				TYPE CODES I-INDIVIDUAL B-BUSINESS F-FINANCIAL INST.				P-POLICE G-GOVERNMENT R-RELIGIOUS S-SOCIETY/PUB				O-OTHER U-UNKNOWN				INJURY CODES B-APPARENT BROKEN BONE I-POSSIBLE INTERNAL INJURY L-SEVERE LACERATION				M-APPARENT MINOR INJURY O-OTHER MAJOR INJURY T-LOSS OF TEETH				U-UNCONSCIOUSNESS N-NONE				ETHNIC CODES B-BLACK H-HISPANIC/MEXICAN J-JAPANESE A-AMERICAN INDIAN/NATIVE AMERICAN				A-ASIAN/ORIENTAL C-CHINESE J-JAPANESE U-UNKNOWN				W-WHITE O-OTHER U-UNKNOWN			
PERSO N CODE <b>V</b>		TYPE CODE <b>I</b>		INJURY CODE <b>N</b>		1-NAME (LAST, FIRST, MIDDLE, SUFFIX) <b>SALAZAR NICHOLAS S</b>																																													
STREET ADDRESS <b>822A CALLE TORREADOR</b>										APT. NO.		CITY <b>SANTA FE</b>										CTY. <b>01</b>		STATE <b>NM</b>		ZIP <b>87505</b>																									
RES. PHONE <b>(505) 310-3184</b>										BUS. PHONE										SOCIAL SECURITY NO.				DOB		AGE		SEX <b>M</b>		RACE WHT BLK ASIA IND UNK																					
HEIGHT <b>5' 10"</b>		WEIGHT <b>170 LBS</b>		HAIR <b>BLK</b>		EYES <b>BRO</b>		ETHNIC		AGG. ASSAULT JUST. HOM. CODE		VICTIM OF OFF. NO.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.																											

  

PERSO N CODE		TYPE CODE		INJURY CODE		1-NAME (LAST, FIRST, MIDDLE, SUFFIX)																											
STREET ADDRESS										APT. NO.		CITY										CTY.		STATE		ZIP							
RES. PHONE										BUS. PHONE										SOCIAL SECURITY NO.				DOB		AGE		SEX		RACE WHT BLK ASIA IND UNK			
HEIGHT		WEIGHT		HAIR		EYES		ETHNIC		AGG. ASSAULT JUST. HOM. CODE		VICTIM OF OFF. NO.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.									

  

PROPERTY STATUS <b>1</b>		PROPERTY TYPE <b>26</b>		TYPE OF ITEM <b>TELEVISION</b>				MAKE / BRAND <b>SAMSUNG</b>				MODEL <b>RM 48 D</b>				CALIBER		VALUE <b>\$1,000.00</b>		DRUG VALUE			
SUSPECTED DRUG TYPE		QUANTITY <b>1</b>		UNIT OF MS.		DESCRIPTION (COLOR, SIZE, FEATURES, ETC.) <b>48 INCH FLAT SCREEN TELEVISION</b>								SERIAL / OAN				DATE RECOVERED		N.I.C. NO.			
PROPERTY STATUS <b>1</b>		PROPERTY TYPE <b>77</b>		TYPE OF ITEM <b>CAMERA</b>				MAKE / BRAND <b>NIKON D</b>				MODEL <b>3100</b>				CALIBER		VALUE <b>\$500.00</b>		DRUG VALUE			
SUSPECTED DRUG TYPE		QUANTITY <b>1</b>		UNIT OF MS.		DESCRIPTION (COLOR, SIZE, FEATURES, ETC.) <b>NIKON DIGITAL CAMERA</b>								SERIAL / OAN				DATE RECOVERED		N.I.C. NO.			
YEAR		MAKE				MODEL				BODY STYLE				LICENSE NO.		LIC. YEAR		LIC. ST.		TOP COLOR		BTM. COLOR	
VALUE / DAMAGE EST.																							

  

<b>SYNOPSIS</b> ON SUNDAY, AUGUST 2ND, 2015 AT 1634 HOURS I WAS DISPATCHED TO 822A CALLE TORREADOR, IN REFERENCE TO A BURGLARY.																					
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CERT./STATUS		"I WILL PROSECUTE/TESTIFY SHOULD THE OFFENDER BE ARRESTED."		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		"I UNDERSTAND IT IS A CRIMINAL OFFENSE TO FILE A FALSE REPORT TO POLICE."		COMPLAINANT / VICTIM CERTIFICATION SIGNATURE <b>X</b>		DATE <b>08/03/2015</b>									
		REPORTING OFFICER (PRINT) <b>CURREY, ANTHONY</b>				RANK		I.D. NO. <b>7357</b>		DATE <b>08/03/2015</b>		DETECTIVE/FOLLOW-UP OFFICER/ REFERRED TO		I.D. NO.		DATE			
		ASSISTING OFFICER (PRINT)				RANK		I.D. NO.		DATE		PROCESSED BY		DATE		DATA ENTRY PERSON		DATE	
		APPROVING OFFICER (PRINT) <b>JOSE GONZALES</b>				RANK <b>SGT</b>		I.D. NO. <b>5667</b>		DATE <b>08/03/2015</b>		INCIDENT STATUS ACTIVE <input checked="" type="checkbox"/> INACT. <input type="checkbox"/> CLOSED <input type="checkbox"/> U.F. <input type="checkbox"/> CLA. <input type="checkbox"/> CLE. <input type="checkbox"/>		EXCEPT CODE <b>N</b>		A-DEATH OF OFFENDER B-PROSECUTION DECLINED C-EXTRADITION DENIED D-VICTIM REF. TO COOPERATE E-JUVENILE, NO CUSTODY N-NOT APPLICABLE		DATE	
		AGENCY OPTIONAL USE (DISTRIBUTION, OTHER OFFICERS, ETC.) <b>INV</b>										CASES CLEARED BY THIS ARREST CASE NO.				CASE NO.			

OCCURRENCE DATE(S)				DATE REPORTED		SANTA FE POLICE DEPARTMENT HOT SHEET				ORI NO. NM0260100		INCIDENT NO. 15-011199		STN# 09		PRIMAR NO																
ON		OR		BETWEEN																												
MM/DD/YY 08/01/2015		MM/DD/YY 08/01/2015		MM/DD/YY 08/01/2015		AGENCY SANTA FE PD				GEOGR. CODE 01075		CASE NUMBER 15-011199				BURGLAR FORCE NO F. <input type="checkbox"/> <input checked="" type="checkbox"/>		NO. OF UNITS ENT. <input type="checkbox"/> <input checked="" type="checkbox"/>														
TIME 16:00		DAY OF WEEK SAT		TIME 16:20		DAY OF WEEK SAT		ADDRESS / LOCATION OF INCIDENT 701 CERRILLOS				CITY SANTA FE		CTY. 01		ZIP 87505		GANG REL. YES NO <input type="checkbox"/> <input checked="" type="checkbox"/>		HATE / BIAS MOT. CODE 00												
OFFENSE	OFFENSE / INCIDENT					STATUTE OR ORDINANCE		FEL/ MISD.	ATTEMPTED/ COMPLETED	UCR OFFENSE CODE	DOM. VIOL.	SEX CRIME?	CHILD	CRIMINAL ACTIVITY CODE	LOCAT. CODE	WEAPON CODE UP TO 3 PER OFFENSE	OFFENDER(S) SUSPECTED OF USING															
	1 WARRANT SERVICE					SFPD-03		M	C	90Z	NO	NO	NO		26	01		NO	NO	NO												
SUBJECTS (VICTIMS / SUSPECTS / PERSONS / BUSINESSES)	PERSON CODES G-PARENT/GUARDIAN R-REPORTING PERSON I-INTERVIEWED V-VICTIM C-CITED S-SUSPECT A-ARRESTED W-WITNESS D-DECEASED M-MISSING PERSON/ RUNAWAY O-OTHER																				TYPE CODES I-INDIVIDUAL B-BUSINESS F-FINANCIAL INST. P-POLICE G-GOVERNMENT R-RELIGIOUS S-SOCIETY/PUB O-OTHER U-UNKNOWN				INJURY CODES B-APPARENT BROKEN BONE I-POSSIBLE INTERNAL INJURY L-SEVERE LACERATION M-APPARENT MINOR INJURY O-OTHER MAJOR INJURY T-LOSS OF TEETH U-UNCONSCIOUSNESS N-NONE				ETHNIC CODES B-BLACK H-HISPANIC/MEXICAN I-AMERICAN INDIAN/NATIVE AMERICAN A-ASIAN/ORIENTAL C-CHINESE J-JAPANESE O-OTHER U-UNKNOWN			
	PERO N CODE A		TYPE CODE I		INJURY CODE N		1-NAME (LAST, FIRST, MIDDLE, SUFFIX) PACHECO														SAMUEL											
	STREET ADDRESS 11 CIELO LINDO										APT. NO.		CITY SANTA FE						CTY. 01		STATE NM		ZIP 87507									
	RES. PHONE					BUS. PHONE					SOCIAL SECURITY NO.				DOB		AGE		SEX M		RACE WHT BLK ASIA IND UNK											
	HEIGHT 5' 09"		WEIGHT 160 LBS		HAIR BRO		EYES BRO		ETHNIC		AGG. ASSAULT JUST. HOM. CODE		VICTIM OF OFF. NO.		VICTIM OF SUSP. NO		REL.		VICTIM OF SUSP. NO		REL.		VICTIM OF SUSP. NO		REL.							
	PERO N CODE		TYPE CODE		INJURY CODE		1-NAME (LAST, FIRST, MIDDLE, SUFFIX)																									
	STREET ADDRESS										APT. NO.		CITY						CTY.		STATE		ZIP									
	RES. PHONE					BUS. PHONE					SOCIAL SECURITY NO.				DOB		AGE		SEX		RACE WHT BLK ASIA IND UNK											
	HEIGHT		WEIGHT		HAIR		EYES		ETHNIC		AGG. ASSAULT JUST. HOM. CODE		VICTIM OF OFF. NO.		VICTIM OF SUSP. NO		REL.		VICTIM OF SUSP. NO		REL.		VICTIM OF SUSP. NO		REL.							
	PROPERTY STATUS		PROPERTY TYPE		TYPE OF ITEM				MAKE / BRAND				MODEL				CALIBER		VALUE		DRUG VALUE											
	SUSPECTED DRUG TYPE		QUANTITY		UNIT OF MS.		DESCRIPTION (COLOR, SIZE, FEATURES, ETC.)						SERIAL / OAN				DATE RECOVERED		N.I.C. NO.													
	PROPERTY STATUS		PROPERTY TYPE		TYPE OF ITEM				MAKE / BRAND				MODEL				CALIBER		VALUE		DRUG VALUE											
	SUSPECTED DRUG TYPE		QUANTITY		UNIT OF MS.		DESCRIPTION (COLOR, SIZE, FEATURES, ETC.)						SERIAL / OAN				DATE RECOVERED		N.I.C. NO.													
	YEAR		MAKE				MODEL				BODY STYLE				LICENSE NO.		LIC. YEAR		LIC. ST.		TOP COLOR		BTM. COLOR									
	VALUE / DAMAGE EST.																															
SYNOPSIS	ABOVE DATE AND TIME I ARRESTED SAMUEL PACHECO FOR HAVING A MAGISTRATE BENCH WARRANT. WARRANT WAS SIGNED BY JUDGE DONITA SENA. SAMUEL IS BEING HELD ON A \$308 CASH ONLY BOND FOR FAILURE TO PAY FINES. THERE ARE NO CHILDREN UNDER HIS CARE.																															
CERT./STATUS	"I WILL PROSECUTE/TESTIFY SHOULD THE OFFENDER BE ARRESTED."		YES		NO		"I UNDERSTAND IT IS A CRIMINAL OFFENSE TO FILE A FALSE REPORT TO POLICE."				COMPLAINANT / VICTIM CERTIFICATION SIGNATURE				X		DATE															
	REPORTING OFFICER (PRINT) RAMIREZ, JOSHUA						RANK PO3		I.D. NO. 1106		DATE 08/01/2015		DETECTIVE/FOLLOW-UP OFFICER/ REFERRED TO						I.D. NO.		DATE											
	ASSISTING OFFICER (PRINT)						RANK		I.D. NO.		DATE		PROCESSED BY				DATE		DATA ENTRY PERSON				DATE									
	APPROVING OFFICER (PRINT) MCCORD, CHRISTOPHER						RANK SGT		I.D. NO. 5958		DATE 08/01/2015		INCIDENT STATUS ACTIVE INACT. CLOSED U.F. CLA. CL.E. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>				EXCEPT CODE		A-DEATH OF OFFENDER B-PROSECUTION DECLINED C-EXTRADITION DENIED D-VICTIM REF. TO COOPERATE E-JUVENILE, NO CUSTODY N-NOT APPLICABLE				DATE									
	AGENCY OPTIONAL USE (DISTRIBUTION, OTHER OFFICERS, ETC.)										CASES CLEARED BY THIS ARREST										CASE NO.				CASE NO.							

OCCURRENCE DATE(S)				DATE REPORTED		SANTA FE POLICE DEPARTMENT HOT SHEET				ORI NO. NM0260100		INCIDENT NO. 15-011260		STN# 02		PRIMAR YES																	
ON		OR		BETWEEN		MM/DD/YY		MM/DD/YY		MM/DD/YY		AGENCY SANTA FE PD		GEOGR. CODE 01075		CASE NUMBER 15-011260		BURGLAR FORCE NO F.		NO. OF UNITS ENT.													
08/02/2015		08/02/2015		08/02/2015		TIME 23:45		DAY OF WEEK SUN		TIME 23:50		DAY OF WEEK SUN		TIME 00:05		DAY OF WEEK SUN		ADDRESS / LOCATION OF INCIDENT 1600 SAINT MICHAEL'S DRIVE		CITY SANTA FE		CTY. 01		ZIP 87505		GANG REL. YES NO		HATE / BIAS MOT. CODE					
OFFENSE / INCIDENT		STATUTE OR ORDINANCE		FEL / MISD.		ATTEMPTED/ COMPLETED		UCR OFFENSE CODE		DOM. VIOL.		SEX CRIME?		CHILD		CRIMINAL ACTIVITY CODE		LOCAT. CODE		WEAPON CODE UP TO 3 PER OFFENSE		OFFENDER(S) SUSPECTED OF USING		ALCOH.		DRUG		COMP.					
		1		SUSPICIOUS ACTIVITY		SFPD-06		N		C				NO		NO		NO				22		01				UNK		UNK		NO	
SUBJECTS (VICTIMS / SUSPECTS / PERSONS / BUSINESSES)		PERSON CODES		V-VICTIM		W-WITNESS		O-OTHER		TYPE CODES		P-POLICE		O-OTHER		INJURY CODES		ETHNIC CODES		A-ASIAN/ORIENTAL		W-WHITE											
		G-PARENT/GUARDIAN		C-CITIZEN		D-DECEASED				H-INDIVIDUAL		G-GOVERNMENT		U-UNKNOWN		B-APPARENT BROKEN BONE		B-BLACK		A-ASIAN/ORIENTAL		W-WHITE											
		R-REPORTING PERSON		S-SUSPECT		M-MISSING PERSON				B-BUSINESS		R-RELIGIOUS				M-APPARENT MINOR INJURY		H-HISPANIC/MEXICAN		C-CHINESE		O-OTHER											
		I-INTERVIEWED		A-ARRESTED		R-RUNAWAY				F-FINANCIAL INST.		S-SOCIETY/PUB				U-UNCONSCIOUSNESS		J-JAPANESE		J-JAPANESE		U-UNKNOWN											
		PERSON CODE		TYPE CODE		INJURY CODE		1-NAME (LAST, FIRST, MIDDLE, SUFFIX)																									
		R		I		N		MCINTIRE																									
								COLIN																									
								STREET ADDRESS		APT. NO.		CITY								STATE		ZIP											
								6208 WATERFORD BLVD		108		OKLAHOMA CITY								OK		73118											
								RES. PHONE		BUS. PHONE		SOCIAL SECURITY NO.		DOB		AGE		SEX															
						(405) 837-7716										M																	
						HEIGHT		WEIGHT		HAIR		EYES		ETHNIC		AGG. ASSAULT JUST. HOM. CODE		VICTIM OF OFF. NO.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.			
						6' 04"		175 LBS		BRO		BLU																					
SYNOPSIS		PERSON CODE		TYPE CODE		INJURY CODE		1-NAME (LAST, FIRST, MIDDLE, SUFFIX)																									
								STREET ADDRESS		APT. NO.		CITY								STATE		ZIP											
								RES. PHONE		BUS. PHONE		SOCIAL SECURITY NO.		DOB		AGE		SEX															
								HEIGHT		WEIGHT		HAIR		EYES		ETHNIC		AGG. ASSAULT JUST. HOM. CODE		VICTIM OF OFF. NO.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.	
								PROPERTY STATUS		PROPERTY TYPE		TYPE OF ITEM		MAKE / BRAND		MODEL		CALIBER		VALUE		DRUG VALUE											
						SUSPECTED DRUG TYPE		QUANTITY		UNIT OF MS.		DESCRIPTION (COLOR, SIZE,																					



OCCURRENCE DATE(S)		DATE REPORTED		SANTA FE POLICE DEPARTMENT HOT SHEET				ORI NO. NM0260100		INCIDENT NO. 15-000946		STN# 01		PRIMER YES													
ON OR BETWEEN																											
MM/DD/YY 08/02/2015		MM/DD/YY 08/02/2015		AGENCY SANTA FE PD				GEOGR. CODE 01075		CASE NUMBER 15-000946		BURGLAR FORCE NO F. ENT. <input type="checkbox"/> <input type="checkbox"/>		NO. OF UNITS 6													
TIME 09:14		DAY OF WEEK SUN		TIME 09:14		DAY OF WEEK SUN		ADDRESS / LOCATION OF INCIDENT 4298 CERRILLOS ROAD				CITY SANTA FE		CTY. 01		ZIP 87505		GANG REL. YES NO <input checked="" type="checkbox"/> HATE / BIAS MOT. CODE 00									
OFFENSE / INCIDENT	STATUTE OR ORDINANCE			FEL/ MISD.	ATTEMPTED/ COMPLETED	UCR OFFENSE CODE	DOM. VIOL.	SEX CRIME?	CHILD	CRIMINAL ACTIVITY CODE	LOCAT. CODE	WEAPON CODE UP TO 3 PER OFFENSE	OFFENDER(S) SUSPECTED OF USING ALCOH. DRUG COMP.														
	1 WARRANT SERVICE			SFPD-03	M	C	90Z	NO	NO	NO	14	01	UNK UNK NO														
PERSON CODES G-PARENT/GUARDIAN R-REPORTING PERSON I-INTERVIEWED V-VICTIM C-CITED S-SUSPECT W-WITNESS D-DECEASED M-MISSING PERSON/ H-INVESTIGATED O-OTHER TYPE CODES I-INDIVIDUAL B-BUSINESS F-FINANCIAL INST. P-POLICE G-GOVERNMENT R-RELIGIOUS S-SOCIETY/PUB Q-OTHER U-UNKNOWN INJURY CODES B-APPARENT BROKEN BONE I-POSSIBLE INTERNAL INJURY L-SEVERE LACERATION M-APPARENT MINOR INJURY O-OTHER MAJOR INJURY T-LOSS OF TEETH N-NONE U-UNCONSCIOUSNESS ETHNIC CODES B-BLACK H-HISPANIC/MEXICAN J-JAPANESE A-AMERICAN INDIAN/NATIVE AMERICAN A-ASIAN/ORIENTAL C-CHINESE J-JAPANESE O-OTHER W-WHITE U-UNKNOWN		PERSON CODES G-PARENT/GUARDIAN R-REPORTING PERSON I-INTERVIEWED V-VICTIM C-CITED S-SUSPECT W-WITNESS D-DECEASED M-MISSING PERSON/ H-INVESTIGATED O-OTHER TYPE CODES I-INDIVIDUAL B-BUSINESS F-FINANCIAL INST. 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